



**False Cape State Park**  
Overnight Camping Permit

**The visitor must have this permit in his/her possession during the visit.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. and Contact Person in Case of Emergency:

\_\_\_\_\_

Time & Date of Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

Mode of Travel: Boat \_\_\_\_\_ Bicycle \_\_\_\_\_ Hiking \_\_\_\_\_

No. of People: \_\_\_\_\_ No. of Boats: \_\_\_\_\_

<u>Camp Area</u>	<u>Site #</u>	<u>Nights</u>	<u>Vehicle Information</u>
_____	_____	_____	License # _____
			Year/Make _____
			Model/Color _____

**I agree to abide by the rules and regulations covering the use of the False Cape State Park camp area.**

Visitor Signature \_\_\_\_\_ Date \_\_\_\_\_

Total No. Days \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Rate Amount Due

Received by: \_\_\_\_\_